

City of Norfolk

Sharon M. McDonald, Commissioner of the Revenue Application for Certification As a Short-term Rental Business

Section 1 – To be completed by business owner (for each location)

Applicant Name _____

Trade Name _____

Business Location _____

Mailing Address _____

Telephone Number _____

Business Tax Contact _____

Date Business Began in City of Norfolk _____

Type of Rental Property _____

Federal Tax Identification Number _____

Virginia Sales Tax Number _____

THE FOLLOWING INFORMATION MUST BE COMPLETED:

The gross receipts reported should be for the 12-month period reported on your last City of Norfolk Business License.

1. Total Gross Receipts for the Period Indicated ① _____
2. Total Gross Rental Receipts for the Period Indicated ② _____
3. Total Gross Proceeds from Short-term Rental ③ _____
4. Total Gross Receipts from Short-term Rental Property
Leased to a Person Affiliated with the Lessor ④ _____
5. Adjusted Daily Short-term Rental Proceeds
(Subtract line 4 from line 3) ⑤ _____

CERTIFICATION:

I, the undersigned, hereby certify under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge and belief.

Signature

Title

Date

Section 2 – To be completed by Commissioner of the Revenue

Date Received _____	Approved _____ Date	Not Approved _____ Date
Business Acct. #: _____	Business Tax Coordinator _____	Date _____

For further information, call (757) 441-2270

Mail completed form to:

Sharon M. McDonald, Commissioner of the Revenue, P.O. Box 2260, Norfolk, VA 23501-2260

City of Norfolk
Sharon M. McDonald, Commissioner of the Revenue
Short-term Rental Business
Instructions for Completing Application for Certification

Business Information:

Applicant Name — Enter the name of business owner(s) or corporation name.

Trade Name — Enter the name under which the business is operating.

Business Location — Enter the location address of the business.

Mailing Address and Telephone Number — Enter the mailing address and the telephone number.

Business Tax Contact — Enter the name of the person to contact if there are any questions regarding this return.

Date Business Began in City of Norfolk — Enter the date this business began at **this location** in the City of Norfolk.

Type of Rental Property — Enter the type(s) of property rented, (for example, video-tapes).

Federal Tax Identification Number — Enter your Federal ID number in the space on the form provided for this information.

Virginia Sales Tax Number — Enter your Virginia sales tax registration number.

Gross Receipts Information:

Line 1: Enter the total gross receipts from all business conducted by the applicant at the business location for the period indicated. This includes gross receipts that may be attributable to business other than the rental of property.

Line 2: Enter the total gross rental receipts from all rental property for the period indicated.

Line 3: Enter the total gross receipts earned from short-term rental. Short-term rental is any property rented for a term of ninety-two (92) consecutive days or less.

Line 4: Enter the total gross receipts earned from Short-term Rental property leased to persons affiliated with the lessor. The term affiliated means any common ownership interest in excess of five percent (5%) of any officers or partners in common with the lessor and lessee.

Line 5: Enter the adjusted Short-term Rental proceeds. (Subtract line 4 from line 3)

Note:

This application for certification is subject to a full record review.

Questions?

If you have any questions or desire assistance in completing the certification application please contact the Commissioner of the Revenue, Business Tax Department at (757) 441-2270.

PLEASE REMEMBER TO SIGN YOUR APPLICATION